## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

16698286

| CLAIMS AS FILED - PART I  |  |   |              |                                |              |                  |    | SMALL ENTITY TYPE  |                        |    | OTHER THAN OR SMALL ENTITY |                        |  |
|---|--|---|--------------|--------------------------------|--------------|------------------|----|--------------------|------------------------|----|----------------------------|------------------------|--|
| T.  | TAL CLAIMS   |   | (Column 1)   |                                | (Colu        | (Column 2)       |    |                    |                        | OR |                            |                        |  |
| TOTAL CLAIMS  |  |   | 7.8          |                                |              |                  | L  | RATE               | FEE                    |    | RATE                       | FEE                    |  |
| FOR   |  |   | NUMBER FILED |                                | NUMBER EXTRA |                  |    | BASIC FEE          | 385.00                 | OR | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 2/8 mir      | านร 20=                        | * 8          |                  |    | X\$ 9=             |                        | OR | X\$18=                     | 144                    |  |
| INDEPENDENT CLAIMS  |  |   | minus 3 =    |                                |              |                  |    | X43=               |                        | OR | X86=                       | 86                     |  |
| MU  | ILTIPLE DEPEN  | IDENT CLAIM PI                            | RESENT       |                                |              |                  |    | +145=              |                        | OR | +290=                      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |              |                                |              |                  |    | TOTAL              |                        | OR | TOTAL                      | 1000                   |  |
| CLAIMS AS AMENDED - PART II   |  |   |              |                                |              |                  |    | '                  |                        |    | OTHER                      |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                                |              |                  |    | SMALL              | ENTITY                 | OR | SMALL                      | ENTITY                 |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus        | **                             |              | =                |    | X\$ 9=             |                        | OR | X\$18=                     |                        |  |
| AME   | Independent  | *   | Minus        |                                |              | =                |    | X43=               |                        | OR | X86=                       |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |              |                                |              |                  |    | +145=              |                        | OR | +290=                      |                        |  |
|   |  |   |              |                                |              |                  |    | TOTAL<br>DDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |  |
|   |  | ^   | DDI1. FEE    |                                | •            | ADDII. I EE      |    |                    |                        |    |                            |                        |  |
|   |  | (Column 1)<br>CLAIMS                      |              | (Colur<br>HIGH                 | EST          | (Column 3)       | lΓ | <del>- </del> -    | ADDI-                  |    |                            | ADDI-                  |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |              | PREVIO<br>PAID                 | USLY         | PRESENT<br>EXTRA |    | RATE               | TIONAL<br>FEE          |    | RATE                       | TIONAL<br>FEE          |  |
|   | Total  | *   | Minus        | **                             |              | =                | H  | X\$ 9=             |                        | OR | X\$18=                     |                        |  |
| ME  | Independent  | *   | Minus        | ***                            |              | =                |    | X43=               |                        | OR | X86=                       |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |   |              |                                |              |                  |    | +145=              |                        |    | +290=                      |                        |  |
|   |  |   |              |                                |              |                  | L  | TOTAL              |                        | OR | TOTAL                      |                        |  |
|   |  |   |              |                                |              |                  | Al | DDIT. FEE          |                        | OR | ADDIT. FEE                 |                        |  |
|   |  | (Column 1)                                |              | (Colum                         |              | (Column 3)       |    |                    |                        |    |                            |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus        | **                             |              | = .              |    | X\$ 9=             |                        | OR | X\$18=                     |                        |  |
|   | Independent  | *   | Minus        | ***                            |              | =                |    | X43=               |                        | OR | X86=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= |   |              |                                |              |                  |    |                    |                        |    | +290=                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |              |                                |              |                  |    |                    |                        | OR | +290=<br>TOTAL             |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                                |              |                  |    |                    |                        |    |                            |                        |  |